

**PATENT APPLICATION FEE DETERMINATION RECORD**  
 Substitute for Form PTO-875

69/180258

(Column 1) (Column 2)

\* If the difference in column 1 is less than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
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**TOTAL  
-ADD'L FEE**

**FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)**

**TOTAL  
ADOL. FEE**

- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**ADDRESS. SEND TO:** Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2**